

Arizona Association of Drug Court Professionals Release of Information form for
Art Contest

Artist Name (must be a CURRENT participant of a treatment court in
Arizona): _____

Name of Treatment Court: _____ County: _____

Name and contact information of Staff Member responsible to physically deliver art at the
conference in Prescott BEFORE 8 am on the first day of the conference, return the art after the
conference to the artist, as well as prizes won by the artist:

Name of Treatment Court Team Member: _____

Email: _____ Cell phone number: _____

Title of Art, if applicable: _____

Type of Art: Painting Drawing Photo Poem Sculpture Song/Video

Brief description (250 words or less) of how the art entry aligns with the Conference Theme or with
the theme of Recovery: _____

I, (artist's name) _____ attest that I am a current participant in an
Arizona Treatment Court and give the Arizona Association of Drug Court Professionals (AADCP) my
permission to display and photograph my artwork and use my first name for the purpose of the art contest
at the Annual AADCP Conference. I understand that photographs of my artwork and use of my first name
may be posted to the AADCP website, facebook page, or other related AADCP social media platforms.
My artwork and any received prizes will be returned to me by the Court/probation/staff designee listed on
this form after the conference. While the program staff and AADCP will provide the best care for my
artwork, I will not hold the program staff or AADCP responsible for any potential damage or lost art.

Artist Signature

Date

Program Staff Member Signature

Date